

DO/US WORKSHEET

INTERNATIONAL APPLICATION NUMBER

PRIORITY DATE

CH. II

20

30 MO. DUE DATE.

PCT/JP89/00337

31 Mar 1989

31 Nov. 1989

INTERNATIONAL FILING DATE

FIRST NAMED APPLICANT FOR DO/EO/US

TOTAL NUMBER

30 March 1989

Tanakai, Shiro et al

4

LANGUAGE OF FILING

- ☐ ENGLISH
☐ FRENCH
☐ GERMAN
☒ JAPANESE
☐ RUSSIAN
☐ SPANISH
☐ _____

LANGUAGE OF PUBLICATION

- ☒ ENGLISH
☐ FRENCH
☐ GERMAN
☐ JAPANESE
☐ RUSSIAN
☐ SPANISH
☐ NOT PUBLISHED:
☐ U.S. ONLY DO/EO
☐ AS OF EP REQUEST

PUBLICATION NO.

20 89/09397

DATE

5 Oct. 1989

GAZETTE ISSUE

24/1989

DATE OF RECEIPT OF:

PCT/IB/302

24 Apr. 1989

PCT/IB/304

24 Apr. 1989

PCT/IB/310 (A)

24 Oct 1989

PCT/IB/310 (PD)

13 Oct 1989

PCT/IB/331

24 Oct 1989

PCT/IPEA/409

ART 20 RECEIPTS FROM IB

☐ NORMAL☐ FROM APPLICANT☐ IB LATE

ITEM

COMPLETE

☒ EP REQUEST

- | | | |
|------------------------|---|--|
| REQUEST | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| DESCRIPTION | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| CLAIMS | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| DRAWING | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| SEARCH REPORT ORIGINAL | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| SEARCH REPORT ENGLISH | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| AMENDED CLAIMS | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| PRIORITY DOCUMENT | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| IPER | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

REMINDER MAIL DATE

☐ NO DRAWINGS ON FILING☐ ARTICLE 17 DECLARATION☐ NOT AMENDED ☐ PUB. BEFORE TIME LIMITTOTAL PRIORITY DOCUMENTS 1

35 U.S.C. 371 REQR*

27 Nov 1989

ASSIGNMENT

31 Jan 1990

PRELIMINARY AMDT.

DISCLOSURE STATEMENT

27 Nov 1989

ACCEPT. NOTICE MAILED

ABANDON NOTICE MAILED

35 U.S.C. 102a DATE

31 Jan 1990

*RECEIPTS FROM APPLICANT UNDER 35 U.S.C. 371

ITEM

COMPLETE AT

COMPLETE AT

☐ 20 ☐ 30 MO.☐ 22 ☐ 32 MO.

- | | | | | | |
|------------------|---|--|---|------------------------------------|--|
| NATIONAL FEE | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> SURCHARGE | <input type="checkbox"/> NO |
| OATH/DECLARATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> SURCHARGE | <input type="checkbox"/> NO |
| TRANSLATION OF: | | | <input type="checkbox"/> PROCESSING FEE | | |
| REQUEST | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NO TRANSLATION REQUIRED |
| DESCRIPTION | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| CLAIMS | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ABSTRACT | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| WORDS IN DRAWING | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NONE |
| ARTICLE 19 AMDT. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO** | | | <input type="checkbox"/> CANCELLED |

(TO CLAIMS: MUST BE RECEIVED BY 20 OR 30 MOS.)

ART. 36(3) AMT. ☐ YES ☐ NO ☐ YES ☐ NO ☐ NONE(TO ☐ CLAIMS ☐ DESCRIPTION ☐ DRAWING: ☐ CANCELLED IF NOT BY 32 MO.)

OTHER RECEIPTS FROM APPLICANT AND DATE RECEIVED:

EP REQUEST

☒ YES ☐ NO

OTHER: _____

RECEIVED BEFORE: ☐ 16 MO SEARCH REPORT ☐ 18 MO PUB ☐ ART 20 FROM IB

INFORMALITIES

☐ YES ☐ NO☐ OATH/DECLARATION